

**INSTRUCTIONS FOR FORM OP-1(P)**  
**APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY**

These instructions will assist you in preparing accurate and complete application filings. Applications that do not contain the required information will be rejected and may result in a loss of the application fee. The application must be typed or printed in ink. If additional space is needed to provide a response to any item, use a separate sheet of paper. Identify applicant on each supplemental page and refer to the section and item number in the application for each response.

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**PAPERWORK BURDEN.** It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Motor Carrier Safety Administration (FMCSA), Licensing Team, Suite 8214, 400 7<sup>th</sup> Street, SW, Washington DC 20590. This collection of information is required in order for the FMCSA to obtain data and register for-hire motor carriers of passengers and certain U.S.-based Mexican-owned enterprise passenger carriers. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently-valid OMB control number. The OMB control number for this collection is 2126-0016

**SECTION I**      **FMCSA AUTHORITY.** If you now have any **former Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration (FMCSA) authority** or have an application for authority being processed now by the FMCSA, check the "YES" box and indicate the docket or the MC number you have been assigned. Example: MC-987654.

**APPLICANT'S LEGAL BUSINESS NAME and DOING BUSINESS AS NAME.** The applicant's name should be your full legal business name -- the name on the incorporation certificate, partnership agreement, tax records, etc. If you use a trade name that differs from your official business name, indicate this under "Doing Business As Name." Example: If you are John Jones, doing business as Quick Way Transit, enter "John Jones" under APPLICANT'S LEGAL BUSINESS NAME and "Quick Way Transit" under DOING BUSINESS AS NAME.

Because the FMCSA uses computers to retain information about regulated carriers, it is important that you spell, space, and punctuate any name the same way each time you write it. Example: John Jones Transit Co., Inc.; J. Jones Transit Co., Inc.; and John Jones Transit are considered three separate companies.

**BUSINESS ADDRESS/MAILING ADDRESS.** The business address is the physical location of the business. Example: 756 Bounty Street; 15433 State Highway 23. If applicant receives mail at an address different from the business location, also provide the mailing address. Example: P.O. Box 3721. NOTE: To receive pertinent FMCSA notices and to ensure that insurance documents filed on applicant's behalf are accepted, notify the Federal Motor Carrier Safety Administration in writing (Licensing Team, Suite 8214, 400 7<sup>th</sup> Street S.W., Washington, DC 20590) if the business or mailing address changes.

**REPRESENTATIVE.** If someone other than the applicant is preparing this form, provide the representative's name, title, position, or relationship to the applicant, address, and telephone and FAX numbers. Applicant's representative will be the contact person if there are questions concerning this application.

**USDOT NUMBER.** Applicants subject to the Federal Motor Carrier Safety Regulations are required to register with the U.S. Department of Transportation (U.S. DOT) for a USDOT number before initiating service. Motor carriers that already have been issued a USDOT number should provide it; applicants that have not obtained a USDOT number should refer to the "Additional Assistance" part of these instructions.

**FORM OF BUSINESS.** A business is either a corporation, sole proprietorship or a partnership. If the business is a sole proprietorship, provide the name of the individual who is the owner. In this situation, the owner is the authority applicant. If the business is a partnership, provide the name of each partner.

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**SECTION II**      **TYPE OF AUTHORITY.** Check the appropriate box(es) for the type(s) of authority you are requesting. Note: A separate filing fee is required for each type of authority requested. See "Fee Policy" in the application form.

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**SECTION III**      **INSURANCE INFORMATION.** Check the appropriate box that describes the seating capacity of your vehicles. If all the vehicles you operate have a seating capacity of 15 passengers or fewer, you are required to maintain \$1,500,000 minimum liability coverage. If any one of the vehicles you operate has a seating capacity of 16 passengers or more, you are required to maintain \$5,000,000 minimum liability coverage.

Appropriate insurance forms must be filed within **90 days** after the date the notice of your application is published in the *FMCSA Register*. Form BMC-91 or BMC-91X for bodily injury and property damage.

The FMCSA does not furnish copies of insurance forms. You must contact your insurance company to arrange for the filing of all required insurance forms.

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**SECTION IV**      **SAFETY CERTIFICATION.** Applicants for motor passenger carrier authority must complete the safety certification. You should check the YES response only if you can attest to the truth of the statements. The "Applicant's Oath" at the end of the application form applies to all certifications, and false certifications are subject to the penalties described in that oath.

If you are exempt from the U.S. DOT safety fitness regulations, you must certify that you are familiar with and will observe general operational safety fitness guidelines and applicable State and local laws relating to the safe operation of commercial motor vehicles.

You must check only one of the boxes in this section.

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**SECTION V**      **FITNESS CERTIFICATION.** You must complete the appropriate fitness certification.

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**SECTION VI**      **FUNDING STATUS.** All applicants must disclose their funding status. If you are a public recipient applicant, you must submit the additional evidence indicated. (This evidence should be provided on a separate sheet of paper attached to your application.)

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**SECTION VII**      **SCOPE OF OPERATING AUTHORITY.** When developing passenger service descriptions, the following guidelines may be useful:

Special and charter operations and contract carrier operations generally are conducted over irregular routes (*i.e.*, authority that is not restricted to particular roads or highways), between points in the United States.

Other passenger carrier operations generally are performed over regular routes (*i.e.*, authority to perform regularly scheduled service between designated points and operating over named roads or highways).

Intrastate motor passenger applicants -- If you also request intrastate, regular-route authority, you must send a description of the proposed service to the state transportation regulatory body of the State(s) in which the operations described in the application will be performed.

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**SECTION VIII**      **AFFILIATIONS.** All applicants must disclose pertinent information concerning their affiliations, if any, with other former ICC, FHWA, or OMCS; now FMCSA-licensed entities.

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**INSTRUCTIONS FOR FORM OP-1(P)**  
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**SECTION IX**      **APPLICANT'S OATH.** Applications may be prepared by the applicant or an authorized representative. In either case, the oath must be signed by the applicant. In the case of companies, an authorized employee in the ownership structure may sign. An individual with power of attorney to act on behalf of the applicant may sign, provided that proof of the power of attorney is submitted with the application.

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**LEGAL  
PROCESS  
AGENTS**      All applicants must designate a process agent in each State where operations are authorized. Process agents who will accept legal filings on applicant's behalf are designated on FMCSA Form BOC-3. Form BOC-3 must be filed within **90 days** after the date the notice of the application is published in the *FMCSA Register*.

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**STATE  
NOTIFICATION**      Before beginning new or expanded interstate operations, all applicants must contact the appropriate regulatory agencies in every State in and through which the carrier will operate to obtain information regarding various State rules applicable to interstate authorities. It is the applicant's responsibility to comply with registration, fuel tax, and other State regulations and procedures. Begin this process by contacting the transportation regulatory agency for the State in which your business is located.

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**MAILING  
INSTRUCTIONS**      To file for authority, you must submit an **original** of this application with the appropriate filing fee to the Federal Motor Carrier Safety Administration.

**NOTE: RETAIN A COPY OF THE COMPLETED APPLICATION FORM AND ANY ATTACHMENTS FOR YOUR OWN RECORDS.**

Mailing address for applications:

**ALL DOCUMENTS WITH FEES ATTACHED:**

Federal Motor Carrier Safety Administration  
P.O. Box 70935  
Charlotte, NC 28272-0935

**FOR EXPRESS MAIL ONLY**

QLP Wholesale Lockbox - NC0810  
Lockbox #70935  
1525 West WT Harris Blvd.  
Charlotte, NC 28262

**FOR CREDIT CARD USERS ONLY:**

Federal Motor Carrier Safety Administration  
Licensing Team – Room 8214  
400 7<sup>th</sup> Street, SW  
Washington, DC 20590

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**INSTRUCTIONS FOR FORM OP-1(P)**  
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**ADDITIONAL  
ASSISTANCE**

**FMCSA INFORMATION SOURCES**

Additional information on obtaining operating authority or monitoring the status of your applications is available through the Automated Response Capability (ARC) telephone system. After dialing (202) 358-7000, press 1, then request appropriate menu number indicated below. You may use the ARC 24 hours a day, 7 days a week to obtain information in the following areas

<b><u>Information Application for Operating Authority</u></b>	<b><u>Menu Number</u></b>
<ul style="list-style-type: none"><li>▪ Status of your application (NOTE: Tracking the Status of your application can be simplified and expedited if you refer to the assigned <u>docket number</u> or MC number when making inquiries. You will be informed of your docket number by letter sent on the date the notice of your application appears in the <i>FMCSA Register</i>.)</li></ul>	<b>1</b>
<ul style="list-style-type: none"><li>▪ Assistance in filing your application</li></ul>	<b>3</b>
<ul style="list-style-type: none"><li>▪ Status of insurance and process agents filings</li></ul>	<b>2</b>

If you require information that is not available in the automated response system, the ARC will guide you to an appropriate FMCSA staff member who will be able to assist you in other areas.

**USDOT Number and Safety Ratings**

- To obtain information on obtaining a USDOT number (filing Form MCS-150) or to request a safety fitness review, write to:  
  
Director, Office of Data Analysis and Information Systems  
Federal Motor Carrier Safety Administration  
400 7<sup>th</sup> Street, SW – MC-RIS  
Washington, DC 20590
- To register online go to [www.usdotnumberregistration.com](http://www.usdotnumberregistration.com)
- Or call (800) 832-5600 (Automated Response Systems)
- For information concerning a carrier's assigned safety rating, call: (800) 832-5600 or go to [www.safersys.org](http://www.safersys.org)

**Federal Motor Carrier Safety Administration**  
**FORM OP-1(P)**  
**APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY**

This application is for all individuals and businesses requesting authority to operate as motor passenger common or contract carriers.

Docket No. MC- \_\_\_\_\_  
Filed \_\_\_\_\_  
Fee No. \_\_\_\_\_  
CC Approval No. \_\_\_\_\_

**SECTION I**  
**Applicant**  
**Information**

Do you now have authority from or an application being processed by the former ICC, FHWA, OMCS, or FMCSA?

☐ No ☐ Yes If yes, identify the lead docket number(s) \_\_\_\_\_

LEGAL BUSINESS NAME

DOING BUSINESS AS NAME

BUSINESS ADDRESS

Street Name and Number City State Zip Code Telephone Number ( )

**MAILING ADDRESS** (If different from above)

Street Name and Number City State Zip Code

**REPRESENTATIVE** (Person who can respond to inquiries)

Name and title, position, or relationship to applicant

Street Name and Number City State Zip Code

( ) ( )  
Telephone Number Fax Number

**USDOT Number** (If available; if not, see Instructions.) \_\_\_\_\_

**FORM OF BUSINESS** (Check only one)

☐ Corporation State of Incorporation \_\_\_\_\_

☐ Sole Proprietorship Name of Individual \_\_\_\_\_

☐ Partnership Identify Partners \_\_\_\_\_

**Federal Motor Carrier Safety Administration  
FORM OP-1(P)  
APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY**

**SECTION II**

**Type of Authority**

You must submit a filing fee for each type of authority requested (for each box checked).

- ☐ MOTOR PASSENGER COMMON CARRIER  
☐ MOTOR PASSENGER CONTRACT CARRIER

**SECTION III**

**Insurance Information**

All motor passenger carrier applicants must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required.

Applicant will use vehicle with seating capacities of (check only one box):

- ☐ 16 passengers or more (\$5,000,000)  
☐ 15 passengers or fewer only (\$1,500,000)

**SECTION IV**

**Safety Certification**

**APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS** - If you are subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:  
Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☐ YES

**EXEMPT APPLICANTS** - If you are exempt from Federal Motor Carrier Safety Regulations, you must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☐ YES

**Federal Motor Carrier Safety Administration  
FORM OP-1(P)  
APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY**

**SECTION V**

**Compliance  
Certification**

**ALL MOTOR PASSENGER CARRIER APPLICANTS** must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

☐ YES

**SECTION VI**

**Government  
Funding  
Status**

Specify the nature of governmental financial assistance you receive, if any, by checking the appropriate box below. (Check only one box.)

- ☐ **Public recipient** - Applicant is any of the following: any state; any municipality or other political subdivision of a state; any public agency or instrumentality of such entities of one or more state(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- ☐ **Private recipient** - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease, or operation of any bus.
- ☐ **Non-recipient** - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

**Public Interest Criteria:** Regular route applicants and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

**Public Recipient Applicants:** All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- 1) No motor common carrier of passengers (other than a motor common carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- 2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be provided on a separate sheet of paper attached to this application.

**Fitness Only Criteria:** No additional evidence is needed from non-recipient applicants for charter and special transportation and applicants for contract carrier operations.

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**SECTION VII**

**Scope of  
Operating  
Authority**

- (1) ☐ **Charter and special transportation**, in interstate or foreign commerce, between points in the United States.
- (2) ☐ **Charter and special transportation**, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) ☐ Service as a common carrier over **regular routes**. (Regular route passenger carrier authority to perform regularly scheduled service only over named roads or highways.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- (4) ☐ Service as a common carrier over **regular routes** provided by United States-based enterprises owned or controlled by persons of Mexico.  
Applicants requesting authority to operate over regular routes - On a separate sheet of paper attached to the application, describe the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).
- (5) ☐ **Intrastate authority**
- (a) Are you also requesting **intrastate authority** to provide the service described in item 3?
- ☐ YES ☐ NO
- (b) Do you already hold **interstate authority** to provide the service described above?
- ☐ YES ☐ NO
- (c) If you responded "YES" to 5(b) (*i.e.*, if you already hold interstate authority to provide this service), was the authority issued on or before November 19, 1982?
- ☐ YES ☐ NO
- If you responded "YES" to 5(c), you must attach to your application a copy of the interstate authority or authorities issued on or before November 19, 1982, authorizing the transportation of passengers on the routes over which you request intrastate authority. You must mark the envelope and the application in the upper right corner of the front page "90-Day Intrastate Passenger Application."
- NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate authority on the same routes. Also, no carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route.
- (6) ☐ Service as a **contract carrier** between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service;
- OR
- ☐ Service as a **contract carrier** between points in the United States, under continuing contract(s) with:
- \_\_\_\_\_
- Contracting persons or organizations*
- As a contract carrier, I will: (Check the box(es) indicating how you will meet the statutory requirements for contract carriage.)
- (a) ☐ Furnish the transportation service through the assignment of motor vehicles for a continuing period of time for the exclusive use of each group or organization served;

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**SECTION VII**

**Scope of  
Operating  
Authority  
(Cont'd)**

- (b) ☐ Furnish the transportation service designed to meet the distinct needs of each group, organization, or class of groups or organizations. Describe briefly the distinct need(s) below and/or introduce supplemental supporting evidence to identify service needs corresponding to the operations proposed.

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- (7) ☐ Alternative Service Descriptions

If you request authority that is not covered by items 1-6 above, (*i.e.*, authority to operate in specific territories not identified in the service options previously set forth), describe in the space below.

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This service description takes into account the applicant's operational capacity, is responsive to applicant's present and prospective service interest, is not unduly restrictive, and is consistent with the purposes of the Interstate Commerce Act. Certify by checking:

☐ YES

**SECTION VIII**

**Affiliations**

**AFFILIATION WITH OTHER FORMER ICC, FHWA, OR OMCS; NOW FMCSA-LICENSED ENTITIES.** Disclose any relationship you have or have had with any other former ICC, now FMCSA-licensed entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

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**SECTION IX**

**Applicant's  
Oath**

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, \_\_\_\_\_, verify under penalty of perjury, under  
*Name and title*

the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

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**SECTION IX**

**Applicant's  
Oath  
(Cont'd)**

Finally, I certify that applicant is not domiciled in Mexico or owned or controlled by persons of that country. (Note: This portion of the Applicant's Oath does not pertain to Mexican passenger carriers seeking to provide charter and tour bus service across the United States - Mexico international border or U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide bus services between points in the United States.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Federal Motor Carrier Safety Administration**  
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**Filing Fee  
Information**

All applicants must submit a filing fee for each type of authority requested. The enclosed fee schedule will show the appropriate filing fee. The total amount due is equal to the fee times the number of boxes checked in **Section II**. Fees for multiple authorities may be combined in a single payment.

Total number of boxes checked in **Section II**: \_\_\_\_\_ x filing fee \$\_\_\_\_\_ = \$\_\_\_\_\_

INDICATE AMOUNT \$\_\_\_\_\_ AND METHOD OF PAYMENT

☐ CHECK or ☐ MONEY ORDER, payable to: **Federal Motor Carrier Safety Administration**

☐ VISA ☐ MASTERCARD

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee Policy**

- Filing fees must be payable to the **Federal Motor Carrier Safety Administration**, by check drawn upon funds deposited in a bank in the United States or money order payable in U.S. currency or by approved credit card.
- Separate fees are required **for each type of authority requested**. If applicant requests multiple types of permanent authority on one application form (for example, common and contract carrier authority) or if applicant submits more than one form in the OP-1 Series in a single filing, multiple fees are required. The applicant may submit a single payment for the sum of the applicable fees.
- Filing fees must be sent, along with the original of the application, to Federal Motor Carrier Safety Administration, P.O. Box 409934, Atlanta, GA 30384-9934.
- **For express mail only:** Bank of America, Attention: DOT-Motor Carriers, Lockbox #409934, 6000 Feldwood Road, College Park, GA 30349.
- **For credit card only:** FMCSA, Licensing Team, Suite 8214, 400 7<sup>th</sup> Street, SW, Washington, DC 20590.
- After an application is received, the filing fee is not refundable.
- The FMCSA reserves the right to discontinue processing any application for which a check is returned because of insufficient funds. The application will not be processed until the fee is paid in full.